



The Journal

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Clark Says Core Values, Loyalty 'to Those We Are Privileged to Serve' Drive Mission



Photo by Katrina Skinner

Service members salute during a change of command ceremony as Brig. Gen. Jeffrey B. Clark takes command of the Walter Reed National Military Medical Center Sept. 19.

By Sharon Renee Taylor
WRNMMC Journal staff writer

Brig. Gen. (Dr.) Jeffrey B. Clark addressed a formation of Sailors, Soldiers and Airmen in his first morning colors as director of Walter Reed National Military Medical Center, the nation's largest joint military medical center, on Sept. 26. He assumed the WRNMMC command on Sept. 19.

During this time, Clark also shared his command philosophy with the group of commissioned officers and enlisted service members.

He explained his intent for WRNMMC as a simple one, established on the services' core values and loyalty to "those we are privileged to serve — our people and our families." It provides a framework to keep focused and working as one team, Clark said.

"We're all on the same team, we're all doing this together: Army, Navy, Air Force, Marines, our civilians, our contractors, our volunteers — we're all in this together," he told the morning formation of service members.

Clark described his philosophy as straight forward. "I've had the same command philosophy since I took battalion command back in the late 90s," he said. "It talks a lot about saying 'yes,' to those we are privileged to serve and each other. It talks a lot about saying 'thank you,' recognizing the good that folks do around us."

The brigadier general said his command philosophy can be summed up with a quote by French philosopher and Jesuit priest Teilhard de Chardin: "The point is not to do remarkable things, but to do the ordinary with the conviction of its immense importance."

Speak Up! Be a Factor in Eliminating Domestic Violence

By Mass Communication Specialist 3rd Class
Brandon Williams-Church
NSAB Public Affairs staff writer

The month of October is recognized as Domestic Violence Awareness Month and Fleet and Family Support Center (FFSC) is doing its part to raise awareness and to eliminate the threat of domestic violence.

According to the organization of domestic violence statistics, every nine seconds in the U.S., a woman is assaulted or beaten. Domestic violence is the leading cause of injury among women — more than car accidents, muggings and rape combined.

With these alarming statistics, FFSC is urging its community to help with the problem of domestic violence and take heed of their slo-

gan for the month, 'Voices United Against Domestic Violence.'

Chyna Holmes-Brantly, FFSC's clinical case manager, advises "the community to take ownership to stop domestic violence. People need to speak up, not be silent and don't be the bystander with blinders on. As part of domestic violence month, FFSC is making an effort to increase community awareness and allow us to partner with our community advocates, who we work with throughout the year to provide services and resources to our families."

"It's not only an issue that affects the country, but also the military community. It does impact [mission] readiness. If someone is having an issue at home, there is no way that they can come into the workspace

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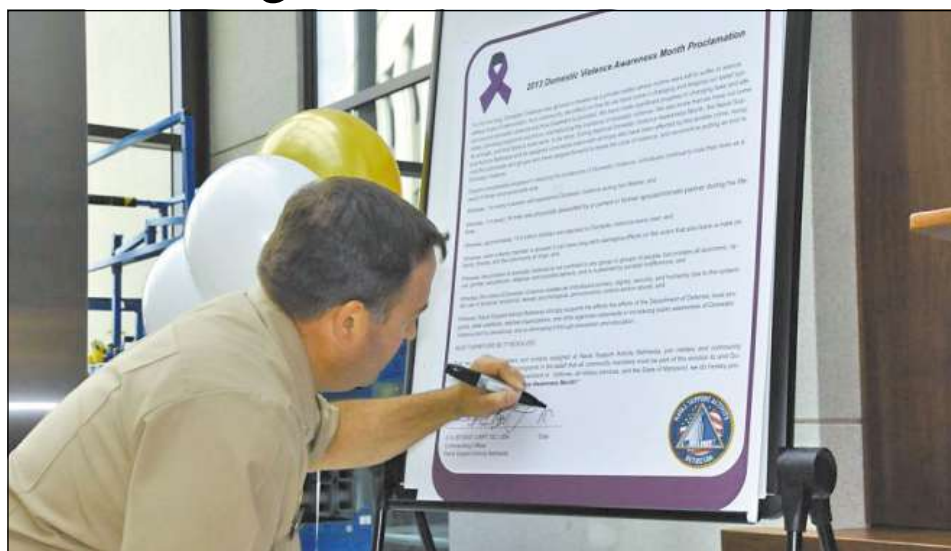


Photo by Mass Communication Specialist 3rd Class Brandon Williams-Church

Capt. David A. Bitonti, commanding officer of Naval Support Activity Bethesda, signs the Domestic Violence Awareness Month Proclamation at the Domestic Violence Awareness Month kickoff held by Fleet and Family Support Center Oct. 3.

Commander's Column

It is an immense honor and privilege to serve on our Walter Reed Bethesda Team, our National Capital Region Medical Directorate team, and our Naval Support Activity Bethesda team. Thank you to all for so warmly welcoming the Clark Family aboard.



cial mission AND for making the extra effort to take care of each other during the furlough.

As specified in my Command Philosophy (posted on WRB intranet; click 'Director'), each of us must take care of ourselves and of each other. This is foundational to our mission success.

We do three things at Walter Reed Bethesda (WRB): Accomplish our mission. Take care of each other. Take care of our families.

I cannot separate these. They are one—MISSION/PEOPLE. Good leaders find ways to both accomplish the mission and take care of people.

MISSION/PEOPLE faced a huge challenge during the emergency furlough. With the full support of Rear Adm. Rocky Bono, our National Capital Region director, we were able to except many, but not all, of the civilian members of our WRB team and, thus, minimize the impact on those we are privileged to serve — our patients.

Dr. Jonathan Woodson, assistant secretary of defense for Health Affairs, visited last week to thank our staff for providing patient friendly access to high quality health care to all we are privileged to serve. He specifically thanked our civilian staff, who once again bore the brunt of the furlough.

Thankfully, all of our civilian teammates were notified to return to work on Monday and it appears all will be paid for the days they were furloughed — this is a very good thing. I thank all of WRB for staying focused on our very spe-

We will be talking much more about prospering — personally, professionally, spiritually and in our relationships/family. We will prosper individually and collectively.

We will also be focusing on stewardship: how best to efficiently and effectively earn, save, manage and expend our resources (time, priorities, critical thinking, money) so we can best serve our MISSION/PEOPLE. Stewardship is key to achieving excellence in the six pillars of our Strategy: Service Excellence; Quality of Care; Business of Healthcare; Readiness; Research; and Education.

Again, I am very proud to serve with the service members, civilians, contractors, and volunteers of Walter Reed Bethesda. Please be as proud of who we are, what we do, and most importantly how we do it, as I am to serve with you. What we do matters!

As always, thank you for all you do and may God bless.

Brig. Gen. Jeffrey B. Clark
MC, USA
Director,
Walter Reed National Military Medical Center

Bethesda Notebook

Flu Shots Available

Staff and beneficiaries at Walter Reed Bethesda can receive the flu vaccine now through Oct. 25 from 8 a.m. to 4 p.m. Monday through Friday in Building 9, first floor near Radiology. You must bring your military ID, staff badge or Common Access Card (CAC). For more information, call Walter Reed National Military Medical Center (WRNMMC) Immunizations at 301-295-5798.

Prostate Cancer Support Group

The WRNMMC Prostate Cancer Support Group meets the third Thursday of every month. There are two sessions, both on Thursday, Oct. 17 in the River Conference Room, third floor of the America Building (Building 19) adjacent to the Center for Prostate Disease Research. The day session is from 1 to 2 p.m., and the evening session is from 6:30 to 7:30 p.m. For more information, contact retired Col. Jane Hudak at 301-319-2918 or jane.l.hudak.ctr@health.mil.

PSA Blood Test and Prostate Cancer

Board certified Urologist Dr. Ed Paquette will discuss "The PSA Controversy: What Patients Should Understand," during the WRNMMC Prostate Cancer Support Group meeting on Nov. 7 from 7 to 8:30 p.m. in the America Building River Conference Room on the third floor. The presentation will also be available via video teleconference at Fort Belvoir Community Hospital in the Oaks Pavilion, first floor, Room 332. Spouses and partners of prostate cancer patients are welcome. Military ID is required for base access at Walter Reed Bethesda. Those without a military ID should call the Center for Prostate Disease Research at 301-319-2900 at least 48 hours prior to the event for base access. For more information, call retired Col. Jane Hudak at 301-319-2918 or jane.l.hudak.ctr@health.mil.

Ask Your Leadership

'Ask Your Leadership' is a staff communication tool for you to view and post questions or comments for official responses from the Walter Reed Bethesda command leadership. The tool is on the WRB Intranet page. Click on the Town Hall/Leadership Forum icon, and then click on 'Ask Your Leadership'.

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Food Safety Begins at the Supermarket

**By Mass
Communication
Specialist 2nd Class
John K. Hamilton
NSAB Public Affairs
staff writer**

While the American food supply may be among the safest in the world, the federal government estimates that there are approximately 48 million cases of foodborne illness annually — the equivalent of one in six Americans contracting an illness each year — resulting in an estimated 128,000 hospitalizations and 3,000 deaths, according to the United States Food and Drug Administration (FDA).

The food service professionals at Naval Support Activity Bethesda (NSAB) want to make sure the staff onboard the installation are informed about the ways to lower the risks of contracting a foodborne illness.

Culinary Specialist 2nd Class Joshua Foye said, “Foodborne illness and disease, colloquially referred to as food poisoning, is any illness resulting from the consumption of contaminated food, pathogenic bacteria, viruses or parasites that contaminate food.”

Foye explains the mission to avoid contracting a foodborne illness or disease starts at your neighborhood supermarket.

“Buying from a retailer who follows prop-

er food handling practices helps assure that the food is safe,” said Foye. “Ask yourself: What is the general impression of this facility? Does it look and smell clean?”

Foye also suggests separating certain foods. “Separate raw meat, poultry and seafood from other foods in your shopping cart. Place these foods in plastic bags to prevent their juices from dripping on other foods. It is also best to separate these foods from other foods at checkout and in your grocery bags.”

When shopping at a supermarket, be sure to inspect cans and jars to avoid buying food found in cans that are bulging or dented. Also, don’t buy food in jars that are cracked or have loose or bulging lids.

“Since food sold in cans or jars are processed to be sterile, they can ‘keep’ for a long time, if the can or jar is intact,” said Foye. “A bulging can or jar lid may mean the food was under-processed and is contaminated. A dent in a can, especially if the dent affects a seam, may cause an opening which may allow contamination in, as would a crack in a jar. A loose lid on a jar means the vacuum seal has been lost and the product may be contaminated. Don’t buy a food product whose seal seems tampered with or damaged.”



Courtesy photo

Raw and under-cooked meat, as well as meat allowed to sit out in the “danger zone” (between 40 and 140 degrees Fahrenheit), may have the biggest risk of causing foodborne illnesses.

When purchasing foods from the frozen section, check carefully to avoid buying foods with damaged packaging.

“Packages should not be open, torn or crushed on the edges,” said Foye. “Also, avoid packages that are above the frost line in the store’s freezer. If the package cover is transparent, look for signs of frost or ice crystals. This could indicate that the food in the package has either been stored for a long time or thawed and refrozen. In such cases, choose another package.”

Foye suggests selecting frozen or perish-

able foods at the end of a shopping trip to decrease the amount of time they are left outside of a refrigerated area. He also adds, “be mindful about time and temperature.”

“It’s important to refrigerate perishable products as soon as possible after grocery shopping,” said Foye. “Food safety experts stress the ‘2-hour rule’ — because harmful bacteria can multiply in the ‘danger zone’ (between 40 and 140 degrees Fahrenheit). Perishable foods should not be left at room temperature longer than two hours. Modify that rule to one hour when

temperatures are above 90 degrees Fahrenheit, as they are often from cars that have been parked in the sun.

“If it will take more than an hour to get your groceries home, use an ice chest to keep frozen and perishable foods cold,” added Foye. “Also, when the weather is warm and you are using your car’s air conditioner, keep your groceries in the passenger compartment, not the trunk.”

Botulism, E. coli infection and Salmonellosis are just a few of the common illnesses caused by contaminated food. According to the FDA, “the threats

[of foodborne disease-causing illnesses] are numerous and varied. They typically cause symptoms ranging from relatively mild discomfort to very serious, life-threatening illnesses. While the very young, the elderly and persons with weakened immune systems are at greatest risk of serious consequences from most foodborne illnesses, some organisms pose grave threats to all persons.”

For more information or tips on how to stay food safety conscious, log on to the FDA website at www.fda.gov.

Nurses to Care for Those Battling the ‘Invisible Wounds’ of War

**By Bernard S. Little
WRNMMC Journal
staff writer**

Eight Army officers graduated from the Psychiatric 6F-66C Behavioral Health Nursing Course at Walter Reed National Military Medical Center (WRNMMC) on Sept. 30.

Maj. Bienvenida Brito, Captains Lisa More-

no and Alicia Rodriguez, and 1st Lieutenants Madiagne Diouf, John Endresen, Regina Holmes, Jerette Hurst, and Jeremiah Leaming received their diplomas from Col. Vinette Gordon, deputy chief of the Army Nurse Corps (ANC), during the graduation in WRNMMC’s Memorial Auditorium.

Psychiatric behavioral health nursing is

“a career field that is undoubtedly one of the most needed and enduring in military medicine today,” Gordon said. “Treating and intervening in behavioral health concerns is the Army’s top priority. The [Army] surgeon general has charged us to build up our structure for taking care of this fragile, yet resilient population.”

Gordon added psychiatric behavioral health nurses help warriors build strength in meeting the challenges they face. “You have taken on the mission to be instrumental in improving screening, access to care, availability of the behavioral health services, and alleviating the stigma that has historically tagged these diagnoses.

“You have a job to do and as long as you put the patient at the center of your cause, you cannot go astray,” said Gordon. She also encouraged nurses to continue with their education, stressing as military medicine becomes more integrated and more service members return from the battlefield with invisible wounds of war, the

talents and skills of the nurses will be in even greater demand.

Endresen, the distinguished honor graduate of the class, said, “Behavioral health nursing is the future of Army medicine.” He added, completing the course allowed him to grow academically and

See **NURSES** page 9

Case Management Week to Celebrate Coordinators of Care

By Bernard S. Little
WRNMMC Journal
staff writer

Military medical facilities in the National Capital Region (NCR) will salute the efforts of the behind-the-scene individuals responsible for guiding the seamless transition of world-class care for patients, during Case Management Week Oct. 13-19. This year's theme focuses on innovation, collaboration and advocacy, according to event planners.

This is the 15th year for National Case Management Week, started by the Case Management Society of America. The week-long celebration serves to recognize case managers, educate the public about the profession, and increase knowledge of the contribution of case managers to quality health care for patients, according to officials with the Case Management Society of America.

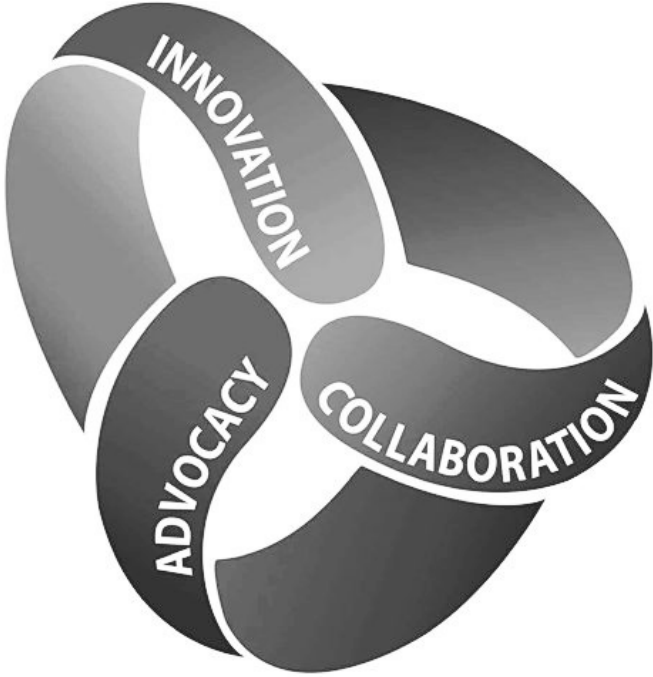
Activities planned for Case Management Week at Walter Reed National Military Medical Center (WRNMMC)

include an opening ceremony and breakfast on Oct. 15 at 9 a.m. in the Warrior Café in Building 62; a luncheon on Oct. 16 at 11 a.m. in the National Intrepid Center of Excellence (NICoE); a symposium on Oct. 17 at 10 a.m. in Building 10's Laurel B. Clark Auditorium; a health awareness fair on Oct. 18 at 10 a.m. in Building 17's atrium and gymnasium; and a dinner cruise on Oct. 19 at 8 p.m. at Baltimore's Inner Harbor. For more information about events during Case Management Week, call Rhonda D. Leonard at 301-295-4224.

What does a case manager do?

"A case manager works behind the scenes to facilitate access to care for those patients unable to do so for themselves," explained Anne Cobb, a nurse case manager at WRNMMC. "We coordinate appointments and procedures and link the providers and facilities to ensure we keep the patient at the center of our efforts," she added.

April Gibson, a nurse case manager for the War-



CASE MANAGEMENT:

Where Advocacy, Innovation & Collaboration Come Together

rior Transition Unit at Kimbrough Ambulatory Care Center, Fort Meade, Md., added, "case managers are vital participants of a coordinating team who empower people to understand and access quality health care."

"Case management is

where advocacy and collaboration come together," noted Elaine D'Aprile, nurse case manager at the DiLorenzo TRICARE Health Clinic at the Pentagon. "The case manager is an advocate, a collaborator and an important facilitator among the client, fam-

ily, caregiver, health team, payer and community."


She explained wounded warriors require "a comprehensive care plan with short and long-term measurable goals according to evidence-based outcomes." Case managers assist wounded, injured and ill service members and their families with this by helping them "navigate the recuperation and rehabilitation process. The case manager must identify the resources they require to respond to their life-changing events both physically and emotionally."

"If I had to sum it up in one sentence it would be this: a case manager does whatever has to be done, within our scope of practice, to make sure the patient has the best medical outcome possible," said Jasmine Little, a nurse case manager at WRNMMC.

Case managers said they find helping patients to be the most rewarding part of their job.

"I feel rewarded by know-

See **CASE** page 8



FROM THE DIRECTOR OF
"THE BOURNE ULTIMATUM"

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**By Master-at-Arms
Seaman April Beazer
NSAB Public Affairs
staff writer**

The ASF Program is open to all services. For more information or to enroll in the next academy, contact the NSAB Security Department at 301-319-2558.

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Volunteers Help Wounded Warriors Look and Feel Good

By Ryan Hunter
NSAB Public Affairs
staff writer

“It’s easy to donate items for a cause, but it’s hard to give someone a feeling,” said volunteer Jodi Warshel. Warshel heads a program, formed by an all volunteer non-profit organization in partnership with a nationwide barbershop chain that provides free haircuts for inpatient wounded warriors.

Once a month, she and a small crew of professional volunteer stylists and barbers transform a conference room, sandwiched between hospital suites, into a fully staffed, patient-friendly barbershop. Rock and roll music plays next to a table depicting music icons from Frank Sinatra to 50 Cent. Vertical barber mirrors with black painted bottom halves are propped against

the walls to allow service members to inspect themselves without being distracted by their wounds. Large rubber mats are available to allow wheelchair access for patients who can’t climb into a typical barber chair. “We want to try to make it feel like a real barbershop,” said Anne O’Brien, barbershop owner and marketing events coordinator.

Many patients in Building 10 are restricted or physically incapable of leaving the ward, making the program their only opportunity to maintain their appearance. “My fiancé was in the hospital for two and a half months before [becoming an] outpatient,” said caregiver Emely Ramlo. “He was on IV’s and wound vacs [and] couldn’t leave the hospital, so going down the hall [to get a haircut] was awesome.”

The success of the program can be mea-

sured in more than the wounded warrior’s outward appearance. As members of the military, “most patients have never gone more than a week without a haircut,” said Ramlo. She continued to say being well-groomed, “brings a bit of normalcy back into their lives.” Warshel recalled one wounded warrior during her first visit to the hospital who, “touched his [newly] shaved head and said, ‘I feel like a Marine again.’”

The national chain that provides barbers and stylists for the event doesn’t just use the program as an opportunity to give back; it’s a reward for their employees. “Barbers interested in volunteering must be in good standing and they have to be good employees,” said O’Brien. “Then, if they [perform their job] well and have time off on Tuesdays we will give them the op-

portunity to volunteer. We have a lot of people that want to help. We’re not begging employees to come here.”

The selected employees wash, style and cut hair for up to a dozen disabled service members without pay. Joseph Hardy, a volunteer hair stylist, said, “I take the day off, I come down here, give up my tips, give up my hourly wage and all my regular clients wait for me. This is all volunteer work and I love it.” Volunteer barber Cassandra Tirado added, “It feels good to help them.”

The next free barbershop program will be held Tuesday, Oct. 22 and will continue on the last Tuesday of every following month. To sign up for the program, contact Warshel at JodiWarshel@aol.com. Eligible patients in the Walter Reed National Military Medical Center Building 10 on the fourth



Photo by Ryan Hunter

Barber Cassandra Tirado styles Spc. Casserly Shealynn’s hair in the makeshift conference room barbershop in Building 10 on Sept. 24.

floor are encouraged, but not required to sign up in advance. To find more information about the program, visit www.OperationWard57.org.



Photos by Mass Communication Specialist 2nd Class John K. Hamilton

Fire Prevention Week Focuses on Kitchen Dangers

By Bernard S. Little
WRNMMC Journal
staff writer

Fire safety officials at Naval Support Activity Bethesda (NSAB) and Walter Reed National Military Medical Center (WRNMMC) were out spreading the word this week that more fires start in the kitchen than in any other part of the home, as part of the observance of Fire Prevention Week.

Monday, Fire Inspector Casey Snoke handed out paraphernalia with fire prevention messages to beneficiaries, staff and visitors on Walter Reed Bethesda's Main Street as part of Fire Prevention Week, observed this year Oct. 6-12.

"We're trying to encourage people to prevent kitchen fires in the home," Snoke said. He explained many fires begin when people walk away from the kitchen leaving items on a hot stove. "We have housing on the base and we want people not to leave unattended appliances on a hot stove," he said. He added peo-

ple are also encouraged to visit their local fire department during Fire Prevention Week to get more information about fire safety.

The National Fire Protection Association (NFPA) reports cooking is the leading cause of home fires. Two of every five home fires begin in the kitchen (more than any other place in the home.) Cooking fires are also the leading cause of home fire-related injuries, according to the NFPA.

"Cooking equipment is involved in roughly 150,000 home fires per year, and many of those fires start because people aren't paying attention," NFPA officials state.

Some of the safety tips Snoke and other fire inspectors emphasize are:

- Stay in the kitchen when you are frying, grilling, broiling or boiling food.

- Turn pot handles towards the back of the stove.

- If you must leave the room, even for a short period of time, turn off the stove.

- When you are sim-

mering, baking or roasting food, check it regularly, stay in the home and use a timer to remind you.

- If you have young children, use the stove's back burners whenever possible. Keep children and pets at least three feet away from the stove.

- When you cook, wear clothing with tight-fitting sleeves.

- Keep potholders, oven mitts, wooden utensils, paper and plastic bags, towels and anything else that can burn, away from your stovetop.

- Clean up food and grease from burners and stovetops.

- Open containers slowly after removing them from the microwave, since hot steam escaping from containers can cause burns.

- Keep the fire department's emergency number near the phone.

- Make sure your home has working smoke alarms and your family has an emergency escape plan.

Susan Kleisner and Peg Morris, mother and grandmother respectively of 3-year-old



Photo by Bernard S. Little

Naval Support Activity Bethesda (NSAB) Fire Inspector Casey E. Snoke hands Luke Kleisner Fire Prevention Week giveaways at a table set up by NSAB Fire and Emergency Services on Main Street at NSAB.

Luke Kleisner, thanked Snoke as the fire inspector handed the toddler a red plastic fire helmet, a Fire Prevention Week coloring book and other items encouraging fire prevention. "Thank you for being here," said Susan to the fire inspector.

Since 1922, Fire Prevention Week has been observed on the Sunday through Saturday

period in which Oct. 9 falls. It was established to commemorate the Great Chicago Fire of 1871, which killed more than 250 people, left 100,000 homeless, destroyed more than 17,400 structures and burned more than 2,000 acres, according to the NFPA. The fire began on Oct. 8, but continued into and did most of its damage on Oct. 9, 1871.

For more information about fire prevention at Walter Reed Bethesda, call the Office of the Fire Chief & Code Enforcement Division, in Building 55, third floor, at 301-295-5623, or contact Snoke at casey.snoke@med.navy.mil. Also for information about fire prevention and Fire Prevention Week, visit www.firepreventionweek.org.

Animals Blessed in Chapel Garden

By Ryan Hunter
NSAB Public Affairs
staff writer

Nearly 20 dogs and a cat were peacefully assembled in the Main Chapel Garden on Oct. 3 to be blessed by Franciscan Monks, Father John Ullrich and Brother David Schalatter.

The ceremony was held in honor of Saint Francis of Assisi, the patron saint of creation. St. Francis was well known for his "relationship with all creation" and "the fact that he had a lot of animals," said Ullrich. Franciscan Monks typically hold this ceremony close to St. Francis' feast day, on Oct. 4, in order to



Photos by Ryan Hunter

Newly promoted Marine service dog, Staff Sgt. Archie, relaxes with his handler, Hospitalman Stephan Robinson.

"ask God to keep [all animals] healthy and keep their handlers and owners happy," said



Naval Support Activity Bethesda Commanding Officer Capt. David A. Bitonti poses with adopted Navy service dog, Lt. Cmdr. Bobby.

See **ANIMALS** page 9

Prescription Label Changes Are Here

By **Katrina Skinner**
WRNMMC Journal staff writer

The pharmacy at Walter Reed National Military Medical Center (WRNMMC) will no longer display the last four digits of the sponsor's social security number on medication labels.

In order to comply with the Department of Defense's Social Security Number Reduction Plan, the sponsor's social security number will be replaced with the patient's date of birth, according to Cynthia L. Foggo,

chief of Ambulatory Pharmacy Services at WRNMMC. Previously, the sponsor's social security number could be found in four different locations on a prescription label.

The change will instead incorporate the month and year of the patient's date of birth (MM-YY), Foggo explained. This is how a prescription will be identified. "Refills will be stored by the date of birth as well. Patients will be asked to verify date of birth and name at the time of pickup." For more information about the prescription labels, contact Cynthia L. Foggo at 301-319-3428.

CASE

Continued from 4

ing that as part of the multidisciplinary team, we affect change or help to impact the member's quality of life for the better," explained Khalilah Hill-Best, nurse case manager at Joint Base Andrews, Md.

Gibson agreed, adding what she finds rewarding about case management includes, "helping people with complex situations, working with a team of competent professionals in caring for [those complex cases], and helping facilitate communication among everyone involved with the end result of a service member transitioning successfully as a civilian or returning to duty."

In the NCR, there are approximately 230 case managers, according to Rhonda Leonard, a nurse case manager at WRNMMC. Case loads for managers vary depending on referrals from providers, self-referrals or discharges.

"The case manager is involved prior to the patient's arrival," Cobb explained. "We receive the medical evacuation roster and have an embedded nurse case manager track the patient's hospitalization until it is clear where they will be sent for further care."

"The relationship begins immediately and evolves throughout the care and recovery of the member," Hill-Best added. "The nurse case manager is involved with the patient until he or she is transitioned to a civilian nurse case manager, federal recovery care coordinator, or transitions to Veterans Affairs for ongoing care."

"A lot of times we work in the background, and a lot of what we do goes unnoticed although it often has a huge impact," Little added.

"[We] are involved in the continuum of health care, client-centered and patient-centered case management," D'Aprile added. "[We] wear many hats – care coordinators, facilitators, clinical utilization review coordinators and educators. [Our] day, at times, does not end until the standard of care is met and collaboration with the team and/or family has taken place. For me, it is similar to caring for my own family."

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NURSES

Continued from 3

personally. "I went into behavioral health not to further my career, but it's where I saw I could have the biggest impact with wounded warriors," said the lieutenant, who is headed to Fort Jackson, S.C.

"I'm looking forward to helping those with psychiatric mental health issues, and healing those invisible wounds, especially our patients coming back from the war with PTSD [post-traumatic stress disorder]," said Hurst, also a graduate of the course being assigned to Fort Bragg, N.C.

Faculty director, Army Maj. Kellie Norris, explained the four-month course was originally at the Dwight D. Eisenhower Army Medical Center at Fort Gordon, Ga. In 2001, the course moved to the former Walter Reed Army Medical Center

(WRAMC), and then to WRNMMC in August 2011 with the integration of WRAMC and the National Naval Medical Center.

"[The course] addresses the ever-growing evidence-based research for our combat veterans," Norris said. "The students are in the classroom for seven weeks, where they not only learn about psychiatric disorders, but they also get valuable practice with presenting case studies based on both theory and evidence-based practice."

The course also includes nine weeks of "challenging clinicals" in areas including Walter Reed Bethesda inpatient psychiatric ward, inpatient traumatic brain injury ward, Wounded Warrior Brigade, outpatient behavioral health clinic, addiction treatment program, psychiatric continuity service, Armed Forces Retirement Center, and with nurse case managers.

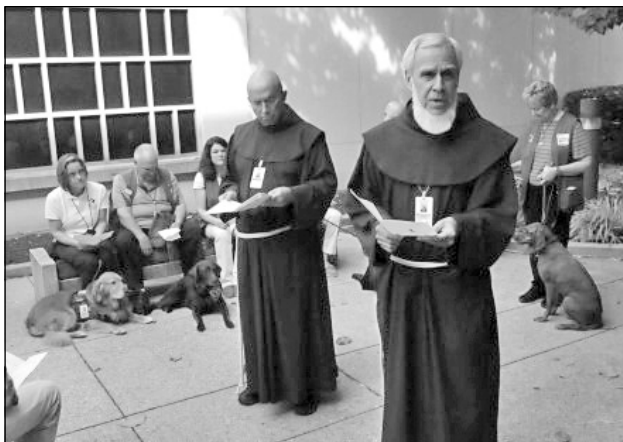
ANIMALS

Continued from 7

Schalatter.

The animals, owners and handlers present represented a number of civilian and military organizations including the Marines, the National Intrepid Center of Excellence service dog training program and the American Red Cross Animal Assisted Activity Group.

This is the sixth year the service was held and according to Ullrich, every year the ceremony grows to accept even more animals and owners. "Usually, [people bring] dogs since we have so many wonderful service animals here. But I've been at programs in other places where we've had horses, snakes and lizards," said Ullrich, encouraging owners with pets of all kinds to attend next year's service.



Photos by Ryan Hunter

Father John Ullrich and Brother David Schalatter lead owners and handlers in a short prayer of blessing for the animals.



The animals, their owners and handlers meet in the Chapel Garden to receive a blessing in honor of Saint Francis of Assisi.

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AWARENESS

Continued from 1

and function at their best. We have to be able to take care of our families and allow service members to take care of themselves as well as take care of their families.”

FFSC is also charging forward with their Family Advocacy Program (FAP), which aims to make more people knowledgeable about domestic violence.

“With [FAP], our primary goals are prevention, education and treatment,” said Holmes-Brantly. “We aim to educate the military community; coordinate and collaborate with our community partners, which include local law enforcement as well as military law enforcement; provide services and resources to our families and to our victims; and collaborate in terms of sharing resources and sharing education. Our end goal is to eradicate domestic violence, but in order to do that, we must increase awareness and shed light on the issue.”

FAP promotes victim safety, protection and self determination, offender accountability, rehabilitative education and counseling, and community accountability with responsibility for consistent and appropriate responses. Additional benefits of FAP include enhancing operational readiness while advising and supporting commands regarding domestic violence issues.

The ‘Cycle of Violence,’ as developed by Dr. Lenore Walker, professor at Nova Southeastern University, is one of the reasons FFSC is making it their responsibility to help people speak up about domestic violence. The cycle revolves around the



Photo by Mass Communication Specialist 3rd Class Brandon Williams-Church

At least one in every three women has been beaten, coerced into sex or otherwise abused during their lifetime. Most often, the abuser is a member of her own family.

violent episode and the ‘honeymoon’ effect when, after an attack, the aggressor tends to make up for their actions and intent.

“It’s extremely important to get people aware of the issue,” said Holmes-Brantly. “It’s one of those things where it’s happening, but people aren’t speaking up. People don’t feel as if they can reach out to get help, ore feel there is a lot of shame associated with it, so our victims feel like, if they reach out, they are going to be looked at like there is something wrong with them. From a military perspective, if a spouse reports her husband and he may be senior, then there is the stigma that

he will lose his position or get in trouble from the command. These incidents keep the victim silent and therefore stuck in that cycle of violence.”

“This is meant not only for us to educate our victims and families, but educate our commands as well. Then, [commands] can be aware of what resources are available to service members and provide them with the skills needed in order to not only make them more effective as service members, but as individuals, husbands, wives, fathers and mothers. Unfortunately, the reality is when children are involved, that also makes it more complicated. When children witness this, they have a tendency for our boys to be abusive towards their partners as they grow older, and for the girls, they tend to be in abusive relationships. This cycle will go on until we as a community speak up.”

The way to eliminate domestic violence in our community is to know the resources available and never be afraid to ask questions, said Holmes-Brantly.

“Anybody can be a victim, men and women,” she said. “It’s not something that is a gender issue, a heterosexual issue or a homosexual issue. It is not something that discriminates and has nothing to do with class: it goes as high and as low as it can go. Anybody can be a perpetrator or a victim. The bottom line is that it has everything to do with control. It is not an issue that should be taken lightly.

“As soon as someone suspects that anyone is in an abusive relationship, they should reach out to that individual. If they themselves feel uncomfortable, they can get in contact with the FAP and the FFSC can help. We also have victim advocates that work very closely with our victims to provide them with information about their reporting options, via restricted or unrestricted reports, so we can get the needed resources and help to the victim.”

Restricted reports of a domestic violence incident can be made through an individual’s health care provider, domestic assault victim advocate or FFSC FAP social worker.

For more information about FAP, contact Chyna Holmes-Brantly at chyna.holmes-brantly@med.navy.mil or by phone at 301-400-2407.



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